

MONTANA BOARD OF PHARMACY

301 South Park Avenue, 4th Floor

P. O. Box 200513

Helena, Montana 59620-0513

(406) 841-2356 FAX (406) 841-2343

dlibspha@state.mt.us

discoveringmontana.com/dli/pha

GERNERAL APPLICATION INFORMATION

DANGEROUS DRUG LICENSE

Manufacture/Distribute

- License can only be issued to a business who intends to manufacture or distribute in a wholesale fashion, controlled substances into the State of Montana.

Dispense

- License can only be issued in addition to a Certified Pharmacy or Mail Order Service license. Any pharmacy intending to dispense controlled substances in Montana must obtain a Dangerous Drug Dispenser endorsement

Analyze/Conduct Research

- This license can only be issued to an individual intending to conduct research or analyze controlled substances.

MAIL ORDER PHARMACY LICENSE

This license is required by any entity that;

- Is located outside the State of Montana and ships, mails, or delivers a dispensed legend drug to a resident in this state pursuant to a legally issued prescription.
- Provides to a resident of this state information on drugs or devices that may include but is not limited to advice relating to therapeutic values, potential hazards, and uses.
- Counsels pharmacy patients residing in this state concerning adverse and therapeutic effects of drugs.

REGISTERED PHARMACIST

Original State of Licensure/Score Transfer

- Applicants must have graduated from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy.
- Applicants are required to pass NAPLEX and MPJE.

License Transfer

- Applicants must complete the NABP (National Association of Boards of Pharmacy) license transfer application available at www.nabp.net
- After receiving an official application prepared by NABP the applicant will submit the form to the Montana Board of Pharmacy for approval. Upon approval the applicant will be sent all necessary material for examinations.
- The application for License Transfer is good for one year from the date received in the Board of Pharmacy office.

CERTIFIED PHARMACY

- Any facility dispensing prescription drugs or medicines must be licensed as a Certified Pharmacy.
- A schematic drawing of the pharmacy area is required with each application for a Certified Pharmacy.
- A Pharmacist-in-Charge must be designated for each Certified Pharmacy. The Pharmacist-in-Charge must hold an active Registered Pharmacist license in the State of Montana. Any change in Pharmacist-in-Charge must be reported in writing to the Board of Pharmacy office immediately.
- Any change in ownership or location of a Certified Pharmacy requires a new application be filed with the Board of Pharmacy.
- Each application for a Certified Pharmacy must designate the class of license being applied for. The definitions for each class of license can be found in 8.40.702, ARM.
- It is unlawful for a medical practitioner to own, directly or indirectly, a community pharmacy.

TECHNICIAN UTILIZATION PLAN

- Any Certified Pharmacy choosing to utilize a pharmacy technician must apply for a Technician Utilization Plan license.

- All application must be accompanied by a written plan for training and daily procedures for a pharmacy technician.
- All pharmacists responsible for supervision of the pharmacy technician must sign the application.

REGISTERED INTERN PHARMACIST

- To register as an intern, the applicant must be currently enrolled in an ACPE (American Council of Pharmaceutical Education) school of pharmacy.
- Applicants must register as an intern to practice pharmacy if not a registered pharmacist licensed in Montana.
- After taking the NAPLEX as an intern, applicants must complete all requirements for a registered pharmacist license within six months.

WHOLESALE DRUG DISTRIBUTOR

- This license is required of any entity engaged in the manufacturing, wholesale distribution, or selling of drugs, medicines, chemicals, or poisons for medicinal purposes other than to the consuming public or patient in the State of Montana.
- For wholesalers within the State of Montana, each location is required to obtain a license.
- For wholesalers outside the State of Montana, only the primary location of each entity is required to obtain a license.

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APPLICATION FOR A CERTIFIED PHARMACY LICENSE
APPLICATION FEE \$200.00 (NON-REFUNDABLE)

INSTRUCTIONS:

1. Make check or money order payable to the Montana Board of Pharmacy.
2. Review the Statutes and Administrative Rules of Montana on the internet at www.discoveringmontana.com/dli/pha
3. Include a schematic drawing (floor plan) of the pharmacy area.
4. If a pharmacy technician will be working in this facility, complete the Technician Utilization Plan application.
5. If this pharmacy will be dispensing controlled substances, complete the Dangerous Drug Act application.

APPLICATION: ☐ New Application ☐ Revision to Current License # _____
☐ Community ☐ Institutional ☐ Home Infusion ☐ Class IV

Pharmacy Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Fax:** _____

Pharmacist-in-Charge: _____ **MT License #** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Fax :** _____

1. Please check the type of ownership or operation.

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other _____

2. List the names and address of each owner and/or operator of the licensee.

3. List the name and license number of each registered pharmacist working in this pharmacy.

4. List regular business hours for the pharmacy.

5. Does this pharmacy intend to be accessible on-line? ☐ Yes ☐ No

6. Will you comply with all regulations of the Board of Pharmacy? ☐ Yes ☐ No

7. Do any of the applicant(s) and/or pharmacist-in-charge have criminal charges pending, or have they ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of their professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations, for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to the 16th birthday ☐ Yes ☐ No If yes, attach a detailed

CERTIFICATE

State of _____
County of _____

Owner or Authorized Agent _____, being first duly sworn, upon oath deposes;

That he/she is the applicant named herein and does hereby represent that the statements given above in support of his application for license to operate a Certified Pharmacy are true and correct; that he/she specifically agrees to fully and promptly comply with the applicable federal laws, laws of the State of Montana and the rules and regulations of the Board of Pharmacy which governs this application, applicants business, and the sale of permitted drugs, pharmaceuticals, and commodities; and the applicant agrees to surrender any license issued hereunder upon demand for surrender by the Board of Pharmacy in the event of violation of laws and regulations.

Signature _____

Subscribed and sworn to before me this _____ day of _____, 2002.

(SEAL)

Notary _____
Residing at _____
Commission expires _____

CERTIFICATE

State of _____
County of _____

Pharmacist-in-Charge _____, being first duly sworn, upon oath deposes;

That he/she is the Pharmacist-in-Charge of the above named Pharmacy and will be the Pharmacist-in-Charge until the present license expires; that if the undersigned ceases to be Pharmacist-in-Charge prior to the expiration of the license, the undersigned will notify the Board of Pharmacy of such fact and failure to do so may be cause for suspension or revocation of Pharmacists license; that the undersigned agrees fully and promptly to comply with the applicable federal laws, laws of the State of Montana, and the rules and regulations of the Board of Pharmacy governing this application, applicants business, and the sale of permitted drugs, pharmaceuticals, and commodities.

Signature _____

Subscribed and sworn to before me this _____ day of _____, 2003.

(SEAL)

Notary _____
Residing at _____
Commission expires _____

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**APPLICATION FOR REGISTRATION TO DISPENSE UNDER
1973 AMENDMENTS TO THE MONTANA DANGEROUS DRUG ACT**

INSTRUCTIONS:

1. Make check or money order payable to the Montana Board of Pharmacy for \$35.
2. Review the Statutes and Administrative Rules of Montana on the internet at
www.discoveringmontana.com/dli/bsd

Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

DEA Registration Number: _____ Federal Tax I.D. Number: _____

If applying to dispense, please enter the Montana License Number for the pharmacy. _____

Signature _____ Date _____
(Signature of applicant or authorized individual)

Title _____
(if applicant is a corporation, institution or other entity)